

INSTRUCTIONS FOR COMPLETING THE AFCARS STATE REGISTRATION FORM FOR FILE TRANSMISSION

1. Date: Date the form is completed and sent.
2. State: Name of the State requesting C:D connection to NIH.
3. State AFCARS Contact: The State person that is the primary AFCARS contact.
4. State System Contact: State person responsible for maintaining/setting up C:D software. (ACF will contact this person if there is a C:D problem such as an incorrect Node id.)
5. State HUB CONNECT:Direct Node ID: State's HUB CONNECT:Direct Node identifier.
6. Platform: Indicate the type of platform that C:D is located on.
7. State VTAM Contact: The State person responsible for maintaining/updating VTAM network definitions. (ACF will contact this person if there is a network problem.)
8. State VTAM NETID: State VTAM network identifier.
9. State VTAM APPLID: State VTAM application identifier.
10. State SNODEID: Check Yes or No if a State requires a SNODEID/Password. ACF will contact the System Contact Person listed above to obtain the information.
11. Point of entry security: Check Yes or No if "point of entry" security is set up at the State's computer system.
12. DSN from ACF to State: Specify the filenames of the data file ACF will transmit back to the States. ACF suggests that the files be created as a Generation Data Group (GDG). The State needs to provide ACF with the disposition (DISP=), unit (UNIT=), and volume/serial (VOL=SER=).

The form must be signed by the primary AFCARS contact in the State. Once the form is completed and signed, fax it to (202) 205-4582, Attention: Alba Sierra.

AFCARS STATE REGISTRATION FORM FOR FILE TRANSMISSION

Items 1-3 are to be completed by the primary State contact for AFCARS.

1. DATE: ____/____/____

2. STATE: _____

3. STATE AFCARS CONTACT: _____ TELEPHONE: _____

Items 4-12 are to be completed by a system contact.

4. STATE SYSTEM CONTACT: _____ TELEPHONE: _____

5. STATE HUB CONNECT: Direct (C:D) NODE ID _____

6. PLATFORM (circle one or write in) : MVS ® UNIX ® OTHER _____

7. STATE VTAM CONTACT: _____ TELEPHONE: _____

8. STATE VTAM NETID: _____

9. STATE VTAM APPLID: _____

10. Does your State require SNODEID Password: YES _____ NO _____

11. Point of entry security: YES _____ NO _____

12. DSN FROM ACF TO STATE:

DISP= _____ UNIT= _____ VOL=SER= _____

Signature: State Program Contact _____

PLEASE FAX THIS FORM TO 202.205.4582.

FOR ACF USE ONLY

OIS CONTACT _____

REC'D DATE ____/____/____